

MSI PROVIDER NEWS



Published by the MSI Program, County of Orange Health Care Agency
Daniel J. Davis, Program Manager

This Issue:

Featured Article

- Page 1
[Physician Specialty Database](#)

Inside Articles

- Page 3
90-Day Billing Rule now in effect
- Page 3
Hi Tech Census Reporting
- Page 4
New Patient Eligibility Criteria to Roll Out

Next Issue:

- Formulary Changes
- Communications Update
- Year End Review
- Physician Network Update

PHYSICIAN DATABASE IN PLACE

Two of the most frequently asked questions in the MSI Program have been: “Who are the physician providers?” and “Where are these doctors located?” It has often been said that there are no physicians willing to see MSI patients, or that “we cannot find a specialist to see our patient.”

This year, for the first time in the MSI program’s history, physicians were required to register with the program as a requirement to be reimbursed for services. This system was not put into place to discourage providers from treating MSI patients, but rather to assist providers in finding specialty referrals, and to give assurance to those willing to see our patients that the flow of patients will be coordinated and that they will be reimbursed for the services they provide.

Last May, with the assistance of the MSI hospitals and our fiscal intermediary, we mailed out over 5000 registration packages to physicians throughout the County. This package contained information for physicians on MSI as well as a 3-page registration form asking basic information about the physician and their practice. We asked them how they would like to be classified within the MSI system, their practice location(s), their hospital affiliations and some practice demographics. There was also an area for them to leave any comments.

The purpose of registration was to build a specialty and primary care provider database to assist our program and case managers in managing inpatient discharges and coordinating outpatient physician care.

As of the publication of this newsletter, we have had **over 1,750 physicians register** with the MSI program indicating their willingness to see MSI patients. This is approximately a 35% response on our initial request. I would like to thank each and every provider for taking the time to fill out the registration forms and for your ongoing support of the MSI program and our patients.

In addition to registering to treat MSI patients, we asked if physicians would be willing to see an additional number of MSI patients **if** these referrals were directly coordinated through the MSI Case Management Unit - and if so how many. Over 46% said they would be willing to see more than their usual volume, varying from 1 or 2 to unlimited. We also have developed a telephone-consulting database to allow physician-to-physician consults coordinated through Case Management. Of the physicians registered, 22% said they would be a resource for this service.

The result of this information is a powerful database that allows the MSI Program and its Case Management Unit to identify providers by geographic location and by the number of each type of registered provider. Case Management is using this tool on a daily basis, and has successfully coordinated over 50

(Continued on page 2)

referrals in the past 2 months for specialty care from community clinics, emergency rooms and private physician offices.

If you are in need of a specialty referral, please contact your case manager. Upon verifying that the referral is necessary, the case manager will contact a provider in the database, identify herself and explain the nature of the referral.

This system is designed to assist primary care providers in finding a specialist who will indeed accept the referral and treat the patient. This also will assure the accepting specialist that the referral is warranted and that they will be reimbursed for the services provided since it was coordinated through the Case Management unit.

This is a win-win situation for the providers and assures our patients will receive the ongoing and needed care they deserve.

This database also allows us to start looking at our network as a whole. We are now able to identify where our providers are located, the number of specialists in a given category, and where we need to increase access to services. With this information, we can now determine what specialty services are underserved and what areas of the County needs more physician coverage. For example, we could determine a shortage of neurologists in South County based on the number of registered providers and their registered geographic zone. We could then start contacting specialty providers in that area to see if we could get more registered, and as a result close the gap in coverage.

Below is an example, by Case Management Zone, Cities, and specialty codes, of the types of statistics we are now able to gather:

CENTRAL ZONE

Hospitals – 12
Clinics – 6
Physicians – 635

NORTH ZONE

Hospitals – 7
Clinics – 2
Physicians – 720

SOUTH ZONE

Hospitals – 7
Clinics – 2
Physicians – 353

ANAHEIM

Int. Med – 16
Nephrology – 5
Ortho Surg. – 3

GARDEN GROVE

Int. Med – 9
Fam. Pract. – 3
Ortho Surg. – 0

MISSION VIEJO

Int. Med. – 20
Nephrology – 1
Ortho Surg. – 4

FOUNT. VALLEY

Gen Surgery – 6
Infect. Disease – 6
Ortho Surg. – 5

Code Description	Number of Registered Providers	Willing to see additional Patients per month (emergency or other)	Available for telephone consult
Internal Medicine	156	69	55
Radiation Oncology/Radiology	156	24	15
Family Practice	111	106	79
Ophthalmology	103	17	9
Cardiovascular Disease	90	50	23
Surgery, Orthopaedic	64	18	17
Gastroenterology	61	35	35
Nephrology	54	31	18
Surgery, General	54	30	12
Pulmonary Disease	52	10	8
Neurology	49	5	2
Surgery, Colon & Rectal	26	25	5

(Continued on page 3)

Surgeons Registered	220	Primary Care Physicians	319
	13%		19%
Specialty Referral Physicians	710	Hospital Based Physicians	424
	41%		25%
Other Services	42	TOTALS	1,715
	2%		100%

Our database continues to grow as we receive registration packages on a daily basis. There is no time limit to register, but you do need to be registered before you can be reimbursed for services rendered. The registration package is now available on line in the Provider section of our website at <http://www.ochealthinfo.com/medical/msi/providers/registration.htm>, or we will be happy to fax or mail one out to you. You can contact the MSI office at 714-834-6248.

Please inform your office staff that you have registered as a provider with MSI to accept referrals through case management or if you are registered in the telephone consult database.

90 DAY BILLING RULE NOW IN EFFECT FOR ALL PROVIDERS

The MSI Program has a 90-day billing rule that is now in effect for **ALL** providers. This rule was previously in effect for our hospital providers, and was phased in last year for physicians, clinics, durable medical equipment suppliers and skilled nursing facilities. Effective July 1, 2003, the MSI program will be denying claims submitted to our Fiscal Intermediary that do not fall within the 90-day billing guidelines.

The 90-day billing guidelines are:

1. A claim for services rendered must be **received** by the Fiscal Intermediary within 90 days of the date of service or known eligibility, whichever is later. Do not wait until the last day to mail your claims. If a claim is received after the 90th day, it will be denied, so please make every effort to submit your claim forms in a timely manner.
2. Known eligibility is based on the date the Notice of Action (NOA) letter was sent to the patient advising of their eligibility for the MSI program. Please make sure you keep a current copy of the patient's NOA on file and check the eligibility notice date on the letter. *You can also check their eligibility status through our new 24 / 7 voice response telephone system at 1-866-674-1860.*

CENSUS REPORTING GOES HI-TECH

The MSI Program is implementing a new high-tech web-based application that will allow our Hospital providers to notify Case Management of an admission of both MSI Pending and MSI Eligible Patients.

Hospitals currently under contract with the MSI program must report all admissions of MSI patients within 24 hours. To streamline this process and save both time and money, MSI has contracted with eCEDA Technologies, an Internet software company that specializes in medical management applications. We have begun implementing this system and most hospitals are now sending daily test files. We intend to have the system up live by the end of October, **but until notified by the MSI program, please make sure your hospital is still communicating with our case managers as usual.**

NEW PATIENT ELIGIBILITY CRITERIA TO BE ROLLED OUT

MSI PROGRAM

P.O. Box 355
Santa Ana, CA
92702-0355

PHONE:
(714) 834-6248

FAX:
(714) 834-6292

Provider Relations:
(714) 834-3557

Fraud & Recovery
Department:
(714) 834-3557

Eligibility Information
(714) 480-6333

24/7 Eligibility Hotline
(866) 674-1860

Fiscal Intermediary
(714) 634-1321

Case Management
(714) 634-5169

We're on the Web!

See us at:

<http://www.ochealthinfo.com/medical/msi/index.htm>

Beginning this month MSI will require all applicants to provide additional documentation at time of application.

Two forms of ID is now required, 1) Social Security Card, 2) a second form of ID with a picture. In addition, **proof of residency** in Orange County is also required.

These changes have become necessary to insure that services are provided to Legal County Residents and that access to care is not being done fraudulently.

Also, we will be instituting **30-day temporary eligibility** for patients whose MSI eligibility is pending, who are being discharged from the hospital, and who are in need of continued medical services such as physician follow-up care, home health, DME and/or pharmaceutical services. This will be coordinated through our Case Management Unit who will work with the hospital discharge planners. Patients are required to have filled out an MSI application before being discharged to receive this status.

Our new **Fraud and Recovery Department** will investigate patients who have been reported to MSI for suspicion of fraud or abuse of the program. This unit will research the information to verify if in fact a patient has fraudulently enrolled or applied, or is

abusing the program's medical services. If fraud or abuse is verified and the patient is currently on MSI, their **eligibility status will be changed to "suspended" until a final outcome can be determined.**

Any change in eligibility status will be updated on the voice response or on-line eligibility systems.

Please check eligibility status each time you render services to an MSI patient.

If the patient is found to have used MSI services fraudulently, they will be immediately terminated from the program. Further, if the abuse is severe, at the discretion of the program, the case may be referred to the District Attorney for prosecution. The person may also be required to reimburse the MSI program for the costs of any medical or pharmaceutical services incurred relating to their fraud.

The MSI Program is a fixed budget, safety net program covering medical expenses within a specific scope of service to those Orange County residents that qualify. It is important in these difficult financial times that we reserve these limited funds for those who truly qualify and need them. **If you suspect a patient of fraud or abuse of the MSI program, please contact the Fraud and Recovery unit 714-834-3557.**

Page 4

MEDICAL SERVICES FOR INDIGENTS

PO Box 355
Santa Ana, CA 92702-0355

